

Practitioner's Docket No. 1042-003

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

22581 U.S. PTO  
10/804445

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of

Inventor(s): Allen Samuels

For (title): A HYGIENE STATION FOR INDIVIDUALS

1. Type of Application

This application is for an original (nonprovisional).

2. Papers Enclosed

A. Required for filing date under 37 C.F.R. § 1.53(b) (Regular) or 37 C.F.R. § 1.153 (Design) Application

- 9 Page(s) of Specification
- 3 Page(s) of Claims
- 4 Sheet(s) of Drawing(s) -Formal (Figs. 1-8)

B. Other Papers Enclosed

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**EXPRESS MAILING UNDER 37 C.F.R. § 1.10\***

*(Express Mail label number is mandatory.)*

*(Express Mail certification is optional)*

I hereby certify that this paper, along with any document referred to, is being deposited with the United States Postal Service on this date March 19, 2004 in an envelope addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 as "Express Mail Post Office to Addressee" Mailing Label No. EL 994649967 US

Roni L. Masquelier

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Date: 03-19-04

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Signature of person certifying

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- 3 Page(s) of declaration and power of attorney – executed
- 2 Page(s) of assignment
- 1 Page(s) of abstract
- 2 Page(s) of Application Data Sheet (ADS)

**3. Declaration or Oath**

Enclosed and executed.

**4. Language**

English

**5. Assignment**

Enclosed and executed.

**6. Fee Calculation (37 C.F.R. § 1.16)**

Regular Application

CLAIMS AS FILED											
Number Filed				Number Extra			Rate		Basic Fee 37 C.F.R. § 1.16(a) \$770.00		
Total											
Claims (37 C.F.R § 1.16(c))		32	–	20	=	12	x	\$	18.00	= \$	216.00
Independent											
Claims (37 C.F.R § 1.16(b))		3	–	3	=	0	x	\$	86.00	= \$	0.00
Multiple Dependent											
Claim(s), if any (37 C.F.R § 1.16(d))								\$	280.00	\$	0.00

Filing Fee Calculation

\$986.00

**7. Fee Payment Being Made at This Time**

Enclosed

Filing Fee

\$986.00

Assignment

\$40.00

**Total Fees Enclosed**

**\$1026.00**

**8. Method of Payment of Fees**

Attached is a check in the amount of \$1026.00.

Charge any additional fees required by this paper or credit any overpayment to deposit account no. 50-1097.

**9. Instructions as to Overpayment**

Refund.

**ADDED PAGES FOR APPLICATION TRANSMITTAL WHERE BENEFIT OF PRIOR U.S.  
APPLICATIONS CLAIMED  
(37 C.F.R. § 1.78)**

**10. Relate Back**

**A. 35 U.S.C. § 119(e)**

"This application claims the benefit of U.S. Provisional Application No.:

**APPLICATION NO.**

**FILING DATE**

60/456,292

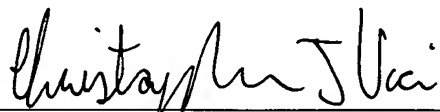
03/20/2003"

**Language of prior filed provisional application**

The above identified prior filed provisional application, namely application 60/456,292, filed 03/20/2003, whose benefit is being claimed was filed in the English language.

Date: \_\_\_\_\_

3/19/04



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